## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. \	FILING DATE			
(0 588687				
APPLICANT(S)				

## **CLAIMS**

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TOTAL		2.82				No. C. B. S. M.
CLAIMS		A. 42 44 J.S. DEPART	MENT			

PTO - 1360 (REV. 11/04)

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